



## TAKE CARE OF YOUR TEETH WITH DOMINION DENTAL SERVICES

*Dominion Dental Services, Inc. (DOMINION) is a Managed Care Dental Plan that has contracted with carefully selected, established members of the dental profession to deliver QUALITY dental services to our subscribers.*

Dental disease is preventable. DOMINION plans encourage the early detection of dental problems and routine maintenance. We help you take better care of your teeth and now it can cost you less to do it!

### OUR NETWORK OF PARTICIPATING DENTISTS PROVIDES:

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- Treatment that emphasizes prevention and early detection of dental problems

### PLAN 607x

#### BENEFITS INCLUDE:

- No charge for oral examinations
- No charge for routine semiannual cleanings
- No charge for bitewing X-rays
- No charge for topical fluoride for children

These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children.<sup>1</sup>

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 80% lower than usual and customary charges (see **SAVINGS COMPARISON** chart). You only pay the amount listed. Specialty care is also provided by Plan Specialists at rates 25% less than usual and customary.

<sup>1</sup> Based on utilization data provided by independent actuaries.

## YOUR CHOICE OF PARTICIPATING DENTISTS

You may select any general dentist from our enclosed list of participants. If you need specific information on these offices, please access our website at [www.DominionDental.com](http://www.DominionDental.com) or call our Member Services Department.

Each family member may select a different participating dentist. And, if you ever need to change your dentist for any reason, just access our website or call our Member Services Department.



### WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse and unmarried children under age 23. Unmarried dependents are eligible for coverage until the end of the plan year (September 30) in which they turn 23.

### OUT-OF-AREA EMERGENCY CARE

You are covered for palliative emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement.

### SAVINGS COMPARISON

Procedure	Avg. Chg.*	Your Fee
Comp. Oral examination	\$69	No Charge
Bitewing X-rays (2 Films)	\$35	No Charge
Topical Fluoride (children)	\$37	No Charge
Semiannual Cleaning	\$78	No Charge
Complete Series X-rays	\$110	No Charge
Filling (3 Surface-Silver)	\$152	\$26
Crown (Porcelain/Metal)	\$792	\$361
Root Canal (Anterior Tooth)	\$574	\$225
Complete Denture	\$1210	\$502
Simple Extraction	\$109	\$24
* Based on the ADP context fee schedule's 80th percentile fee information.		

## PLAN FEATURES

NO Deductibles  
NO Waiting Periods  
NO Pre-authorization Paperwork  
NO Claim Forms  
NO Maximum Annual Dollar Limits  
NO Pre-existing Condition Exclusions



### HOW DO I JOIN?

- Select a dentist.
- Fill out the attached application. Be sure to list all dependents you want covered.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.

### HOW DO I RECEIVE CARE?

After your effective date, simply call the dental office you selected, make an appointment, and present your membership card upon arrival.

You will receive treatment at the dental office listed on your membership card, except when an emergency arises or when otherwise directed by your Plan Dentist.

### WHAT IF I CHANGE JOBS?

If you leave your place of employment, you will have the option of converting your coverage to a DOMINION program using an alternate method of payment.

Dominion Dental Services, Inc., P.O. Box 75314, Charlotte, NC 28275-0314 Social Security Number _____ Last Name _____													
Home Address _____ City _____ State _____ Zip _____													
Date of Birth _____ Dental Office Code # and Name (As indicated on your Provider Directory) _____													
Last Name (if Different) First M.I. Sex Birthdate Soc. Sec. # Last Name (if Different) First M.I. Sex Birthdate Soc. Sec. #													
Spouse _____ Child _____													
Child _____													
Child _____													
Signature _____													
If I am voluntarily paying 100% of the cost of this Plan, without employer contribution, I agree to remain in Plan a minimum of 12 months and/or be responsible for a minimum of twelve months of Subscription Dues. I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services, Inc. for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this policy. A copy of this form will be made available to subscriber or their authorized representative upon request.													
Subscriber's Signature X _____ Date _____													
Administrative Use Only													
Code #	Group #	Group Name	Coverage Eff. Date	Plan #									
	4545	Stafford County Public Schools		607x									



## CAN I MAKE CHANGES ON THE INTERNET?

An interactive website is provided for your use. It allows on-line access to Plan information and permits changes to member records. Features include:

- **New Dentist Search**
- **Membership transfers to new dentist**
- **View benefit schedules and coverage provisions**
- **Leave email for our Member Services Department**
- **Request a new membership card**

All changes are confirmed by return email. For more information, visit us at [www.DominionDental.com](http://www.DominionDental.com).



## WHAT IS MY COST?

The DOMINION dental plan is available to you through your employer for the monthly payroll deductions of:

Subscriber Only	\$19.60
Subscriber & One Dependent	\$36.16
Subscriber & Two or More Dependents	\$53.92

For more information, call the DOMINION toll-free helpline: 1-888-518-5338



115 South Union St. • Suite 300  
Alexandria, VA 22314  
1-888-518-5338  
(fax) 703-518-8849

[www.DominionDental.com](http://www.DominionDental.com)

**District of Columbia** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



## Description of Benefits & Member Copayments

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
<b>DIAGNOSTIC / PREVENTIVE / ADJUNCTIVE</b>		
D9439	Office visit .....	\$10
D0120	Periodic oral evaluation .....	No Charge
D0140	Limited oral evaluation - problem focused .....	No Charge
D0150	Comprehensive oral evaluation .....	No Charge
D0160	Detailed and ext. oral eval. - problem focused .....	No Charge
D0170	Re-evaluation - limited, problem focused (established patient; not postoperative visit) .....	No Charge
D0210	Intraoral complete series (including bitewings) ..	No Charge
D0220	Intraoral - periapical first film .....	No Charge
D0230	Intraoral - periapical each additional film .....	No Charge
D0240	Intraoral - occlusal film .....	No Charge
D0250/60	Extraoral - first and each additional film .....	No Charge
D0270/72/74	Bitewing x-ray - one, two or four film(s) .....	No Charge
D0277	Vertical bitewings - seven to eight films .....	No Charge
D0330	Panoramic film .....	25
D0460	Pulp vitality tests .....	No Charge
D0470	Diagnostic casts (not in conj. with Ortho) .....	No Charge
D1110	Prophylaxis - teeth cleaning; adult (one per six months, per member) .....	No Charge
D1120	Prophylaxis - teeth cleaning; child (one per six months, per member. Exclusive of ADA code D1201) ..	No Charge
D1201	Topical fluoride with prophylaxis (child) .....	No Charge
D1203	Topical fluoride without prophylaxis (child) .....	No Charge
D1310	Nutritional counseling for control and treatment of dental disease .....	No Charge
D1320/30	Oral hygiene instructions .....	No Charge
D1351	Sealant - per tooth (up to 14 years of age) .....	15
D9110	Palliative (emergency) treatment .....	33
D9210/15	Local anesthesia .....	No Charge
D9211	Regional block anesthesia .....	No Charge
D9212	Trigeminal division block anesthesia .....	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide .....	28
D9310	Consultation (diagnostic service provided by dentist or specialist other than practitioner providing treatment) ....	34
D9910	Application of desensitizing medicament .....	17
D9930	Emergency visit during office hours .....	39
D9990	Broken office appointment - per ½ hour .....	22
<b>SPACE MAINTAINERS</b>		
D1510/20	Space maintainer fixed/removable - unilateral .....	111
D1515/25	Space maintainer fixed/removable - bilateral .....	129
D1550	Recementation of space maintainer .....	28
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>		
<b>AMALGAM RESTORATIONS (Silver)</b>		
D2140	Amalgam - one surface, primary or permanent .....	17
D2150	Amalgam - two surfaces, primary or permanent .....	20
D2160	Amalgam - three surfaces, primary or permanent .....	26
D2161	Amalgam - four or more surfaces, primary or permanent .....	31
<b>RESIN/COMPOSITE RESTORATIONS (Tooth Colored)</b>		
D2330	Resin - one surface, anterior .....	44
D2331	Resin - two surfaces, anterior .....	51
D2332	Resin - three surfaces, anterior .....	60
D2335	Resin - four or more surfaces, anterior .....	69
D2391	Resin - one surface, posterior .....	47
D2392	Resin - two surfaces, posterior .....	54
D2393	Resin - three surfaces, posterior .....	63
D2394	Resin - four or more surfaces, posterior .....	72
D2940	Sedative filling .....	29
D2951	Pin retention - per tooth in addition to restoration .....	17
D3110/20	Pulp cap direct/indirect (excl. final rest) .....	18
<b>CROWN &amp; BRIDGE*</b>		
D2390	Resin based composite crown, anterior .....	134
D2510	Inlay - metallic - one surface .....	282
D2520	Inlay - metallic - two surfaces .....	282
D2530	Inlay - metallic - three or more surfaces .....	290
D2542	Onlay - metallic - two surfaces .....	338
D2543	Onlay - metallic - three surfaces .....	380
D2544	Onlay - metallic - four or more surfaces .....	380

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
D2610	Inlay - porcelain/ceramic - one surface .....	\$272
D2620	Inlay - porcelain/ceramic - two surfaces .....	294
D2630	Inlay - porcelain/ceramic - three surfaces .....	314
D2642	Onlay - porcelain/ceramic - two surfaces .....	327
D2643	Onlay - porcelain/ceramic - three surfaces .....	339
D2644	Onlay - porcelain/ceramic - four or more surfaces .....	339
D2650	Inlay - resin based composite - one surface .....	258
D2651	Inlay - resin based composite - two surfaces .....	258
D2652	Inlay - resin based composite - three or more surfaces .....	258
D2662	Onlay - resin based composite - two surfaces .....	303
D2663	Onlay - resin based composite - three surfaces .....	303
D2664	Onlay - resin based composite - four or more surfaces .....	303
D2710	Crown - resin based composite - indirect .....	196
D2712	Crown - 3/4 resin based composite (excluding veneers) ....	381
D2720/21/22	Crown - resin with metal .....	309
D2740	Crown - porcelain/ceramic substrate .....	399
D2750/51/52	Crown - porcelain fused to metal .....	361
D2780/81/82	Crown - 3/4 cast with metal .....	238
D2783	Crown - 3/4 porcelain/ceramic .....	349
D2790/91/92	Crown - full cast metal .....	348
D2793	Crown - prefabricated stainless steel .....	103
D2910/20	Recement inlay/crown per unit .....	31
D2930	Crown - prefabricated stainless steel - primary tooth .....	91
D2931	Crown - prefabricated stainless steel - permanent tooth ....	99
D2932	Crown - prefabricated resin .....	99
D2950	Core buildup, including any pins .....	85
D2952	Cast post & core in addition to crown .....	129
D2954	Prefabricated post & core in addition to crown .....	106
D2955	Post removal (not in conj. w/ endo therapy) .....	76
D2970	Temporary crown (w/ perm. crown) .....	No Charge
D2980	Crown repair, by report .....	72
<b>PROSTHETICS (DENTURES)</b>		
D5110/20	Complete upper/lower denture .....	502
D5130/40	Immediate upper/lower denture .....	526
D5211/12	Upper/lower, resin base partial denture (including any conventional clasps, rests & teeth) .....	489
D5213/14	Upper/lower, cast base partial denture with resin base (incl. conventional clasps, rests & teeth) .....	533
D5281	Removable unilateral partial - one piece cast metal (incl. clasps and teeth) .....	314
D5410/11	Adjust complete denture, upper/lower .....	25
D5421/22	Adjust partial denture, upper/lower .....	25
D5510/5610	Repair denture base (complete or resin) .....	63
D5520	Replace missing/broken teeth (each tooth) .....	63
D5620	Repair cast framework .....	63
D5630/60	Clasp replaced, repaired or added .....	82
D5640	Replace broken tooth, per tooth .....	63
D5650	Add tooth to existing partial denture .....	63
D5670/71	Replace all teeth and acrylic on cast metal framework (maxillary or mandibular) .....	186
D5710/11	Rebase complete denture, upper/lower .....	201
D5720/21	Rebase partial denture, upper/lower .....	201
D5730/31	Reline complete denture, upper/lower (chairside) .....	113
D5740/41	Reline partial denture, upper/lower (chairside) .....	113
D5750/51	Reline complete upper/lower: lab .....	176
D5760/61	Reline upper/lower partial: lab .....	176
D5810/11	Interim complete denture, upper/lower .....	276
D5820/21	Interim partial denture, upper/lower .....	276
D5850/51	Tissue conditioning, upper/lower, per unit .....	53
<b>BRIDGE &amp; PONTICS*</b>		
D6210/11/12	Pontic - metal .....	348
D6240/41/42	Pontic - porcelain fused to metal .....	361
D6245	Pontic - porcelain/ceramic .....	396
D6250/51/52	Pontic - resin with metal .....	309
D6545	Retainer - cast metal for a resin bonded fixed .....	187
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis .....	293
D6600	Inlay - porcelain/ceramic, two surfaces .....	162
D6601	Inlay - porcelain/ceramic, three or more surfaces .....	173
D6602	Inlay - cast high noble metal, two surfaces .....	180
D6603	Inlay - cast high noble metal, three or more surfaces .....	212

# Plan 607x

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
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D6604	Inlay - cast predom. base metal, two surfaces .....	\$116
D6605	Inlay - cast predom. base metal, three or more surfaces .....	148
D6606	Inlay - cast noble metal, two surfaces .....	146
D6607	Inlay - cast noble metal, three or more surfaces .....	158
D6608	Onlay - porcelain/ceramic, two surfaces .....	178
D6609	Onlay - porcelain/ceramic, three or more surfaces .....	186
D6610	Onlay - cast high noble metal, two surfaces .....	212
D6611	Onlay - cast high noble metal, three or more surfaces .....	227
D6612	Onlay - cast predom. base metal, two surfaces .....	148
D6613	Onlay - cast predom. base metal, three or more surfaces .....	162
D6614	Onlay - cast noble metal, two surfaces .....	158
D6615	Onlay - cast noble metal, three or more surfaces .....	169
D6720/21/22	Crown - resin w/ metal .....	309
D6740	Crown - porcelain/ceramic .....	396
D6750/51/52	Crown - porcelain to metal .....	361
D6780	Crown - 3/4 cast high noble metal .....	348
D6781	Crown - 3/4 cast predominantly base metal .....	336
D6782	Crown - 3/4 cast noble metal .....	344
D6783	Crown - 3/4 porcelain/ceramic .....	350
D6790/91/92	Crown - full cast metal .....	348
D6930	Recement fixed partial bridge .....	46
D6970/71	Cast post & core .....	129
D6972	Prefabricated post & core - in addition to bridge retainer .....	106
D6973	Core buildup for retainer, including any pins .....	85
D6975	Coping - metal .....	222
D6976	Each additional cast post - same tooth .....	88
D6977	Each additional prefabricated post - same tooth .....	41
D6980	Fixed partial denture repair, by report .....	117

## ENDODONTICS<sup>1</sup>

D3220	Therapeutic pulpotomy (excl. final rest) .....	54
D3221	Pulpal debridement, primary and perm. teeth .....	58
D3310	Anterior (excl. final rest) .....	225
D3320	Bicuspid (excl. final rest) .....	290
D3330	Molar (excl. final rest) .....	361
D3333	Internal root repair of perforation defects .....	65
D3346	Re-treatment - anterior .....	251
D3347	Re-treatment - bicuspid .....	322
D3348	Re-treatment - molar .....	380
D3410	Apicoectomy/periradicular surgery, anterior .....	206
D3421	Apicoectomy - bicuspid (first root) .....	232
D3425	Apicoectomy - molar (first root) .....	245
D3426	Apicoectomy - (each additional root) .....	97
D3430	Retrograde filling - per root .....	77
D3450	Root amputation - per root .....	135
D3920	Hemisection (including any root removal) .....	135
D3950	Canal prep/fit of preformed dowel or post .....	97

## PERIODONTICS<sup>1</sup>

D0180	Comprehensive periodontal evaluation - new or established patient - not in conjunction with D0150, limited to once per 18 months .....	35
D4210	Gingivectomy/gingivoplasty - four or more teeth per quad. ....	187
D4211	Gingivectomy/gingivoplasty one-to-three teeth per quad. ....	64
D4240	Gingival flap procedure, including root planing, per quad. ....	277
D4241	Gingival flap procedure, including root planing-one-to-three teeth, per quadrant .....	67
D4260	Osseous (bone) surgery - four or more per quad. ....	386
D4261	Osseous (bone) surgery - one - three teeth per quad. ....	258
D4268	Surgical revision procedure, per tooth .....	236
D4274	Distal or proximal wedge procedure .....	206
D4341	Perio scaling & root planing four or more per quad. ....	76
D4342	Perio scaling & root planing one-to-three teeth per quad. ....	41
D4355	Full mouth debridement .....	58
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report .....	64
D4910	Periodontal maintenance .....	59
D9940	Occlusal guard by report .....	197
D9950	Occlusion analysis - mounted case .....	70
D9951	Occlusal adjustment, limited .....	44
D9952	Occlusal adjustment, complete .....	182

## ORAL SURGERY<sup>1</sup>

D7111	Extraction, coronal remnants - deciduous tooth .....	24
D7140	Extraction - erupted tooth or exposed root .....	45
D7210	Surgical extraction - erupted tooth .....	92
D7220	Removal of impacted tooth - soft tissue .....	111
D7230	Removal of impacted tooth - partially bony .....	131

ADA CODE	BENEFIT	MEMBER COPAYMENT (\$)
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D7240	Removal of impacted tooth - completely bony .....	\$164
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	144
D7250	Removal of residual tooth roots .....	98
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus .....	148
D7280	Surgical access of an unerupted tooth .....	93
D7291	Trasseptal fiberotomy/supra crestal fiberotomy, by report .....	37
D7310/20	Alveoloplasty per quadrant .....	92
D7510	Incision/draining of abscess, soft tissue .....	63
D7960	Frenulectomy (frenectomy or frenotomy) .....	162

<sup>1</sup> As performed by a Participating General Dentist. See Plan Exclusion #16.

## ORTHODONTICS<sup>2</sup>

D8660	Pre-orthodontic treatment visit, records and models ....	413
D8070	Comprehensive orthodontic treatment of the transitional dentition .....	3,304
D8080	Comprehensive orthodontic treatment of adolescent dentition .....	3,422
D8090	Comprehensive orthodontic treatment of adult dentition .....	3,658
D8670	Periodic orthodontic visit (beyond 24 months of treatment) per month charge .....	118
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) .....	413

<sup>2</sup>Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See limitation #18 for additional coverage exclusions.

## Plan Exclusions

- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county or other subdivision's program (with the exception of Medicaid).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
- Replacement due to loss or theft of prosthetic appliance.
- General anesthesia and sedation.
- Services that cannot be performed because of the general health of the patient.
- Implantation and related restorative procedures.
- Unlisted procedures.
- Services obtained outside of the dental office in which enrolled and that are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporal Mandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Plan Specialist (with the exception of orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

## Plan Limitations

- Replacement of a bridge, crown or denture within five (5) years after the date it was originally installed.
- Replacement of filling within two (2) years after original date of placement.
- Teeth cleaning (prophylaxis) at intervals of less than six (6) months.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Full mouth x-rays or panoramic film - one set every three years.
- Retreatment of root canal within two (2) years of the original treatment.
- Limit 4381 to one benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.

Only current ADA CDT codes are considered valid by Dominion Dental Services, Inc.  
Current Dental Terminology © American Dental Association.